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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET					Application Number 10/534,749			Filing Date 31 May, 2005			☐ To be Mailed			
	Substitute	e for Form l with Form P	PTO-1360		Applicant(s) QUINQUER ET AL.						Page 1 of 1			
					* May be used for additional claims or amend					or amendme	ments			
CLAIMS	AS FILED 05/12/2005		AFTER FIRST AMENDMENT 05/15/2009		AFTER SEC. AMENDMENT		*		*		*			
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend	
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9		1		1 1			59							
10		1		1			60							
11		5		5			61							
12		2		2			62							
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50							100							
Total	6		6				Total							
Indep							Indep							
Total		16		19			Total							
Depend				15			Depend							
Total Claims	22		25				Total Claims							

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